

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4		2				
5		2				
6						
7						
8						
9						
10						
11						
12		2				
13		2				
14		1				
15						
16						
17						
18						
19						
20						
21						
22		2				
23		2				
24		2				
25		2				
26	X	1				
27						
28						
29						
30		1				
31						
32						
33						
34						
35						
36		3				
37		3				
38		3				
39		3				
40		1				
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	12					
TOTAL DEP.	5B	↓	↓	↓	↓	↓
TOTAL CLAIMS	65					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.			↓	↓	↓	↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS